



MSFC Medical Center Notice of Privacy Practices

This notice takes effect May 26th, 2010

Notice to Patients

You are being seen at the MSFC Medical Center because you have a job that requires an examination or specific monitoring or you are eligible for an optional exam through your employer. Since routine labs and testing will be done, some tests may not be related to your specific job. Your examination will be conducted by a physician or a Certified Registered Nurse Practitioner. You will have the opportunity to discuss your results, and whether follow-up at the Marshall Space Flight Center (MSFC) Medical Center or with your private physician is needed, at the time of your physical examination.

Privacy

All of your medical information is treated as confidential however, some of the data may be available to your employer if it relates to your job. We may disclose your health information to a physician or healthcare provider who is treating you (for example, in an emergency room). We may also disclose your health information in connection with our healthcare operations. These operations may include quality assessment and improvement activities, peer review, audits, performance evaluations and training etc. The information is still treated as confidential and is not given to anyone outside these activities. No one else will have access to this information unless you give your consent. You may, however, request that data be sent to your private physician.

Releases Required by Law

Workers' Compensation: We may disclose your health information as necessary to comply with State or Federal Workers' Compensation Laws.

Public Health: We may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement: We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Public Safety: It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of a particular person or the general public.

Your Health Information Rights

You have the right to look at or get copies of your health information (*with limited exceptions*). You must make the request in writing. You can obtain a form to request this at the MSFC Medical Center. You will be given one copy at no charge and you can make additional copies if you need to send them to several people. You can either pick up your copy or have it mailed to you.

You have the right to place additional restrictions on disclosure of your medical information. However, be advised that the MSFC Medical Center is not required to agree to the additional restrictions.

You have the right to inspect and correct or amend any errors in the health record (or place a statement of exception in the record for that portion with which you disagree).

You have the right to receive an accounting of any disclosures of your health records.

Methods of Contact

I give permission to the MSFC Medical Center to leave voice messages containing my medical data at the following numbers:

Yes ☐ No ☐ Home: _____

Yes ☐ No ☐ Work: _____

Yes ☐ No ☐ Cell: _____

Print Name _____

Signature _____ Date: _____